**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S85145** **(8)**

1. Corporation Name

**ADVANCED HEALTH CARE UNLIMITED, INC.**

Principal Place of Business

**1 S OCEAN BLVD**
**SUITE 310**
**BOCA RATON FL 33432**

Mailing Address

**1 S OCEAN BLVD**
**SUITE 310**
**BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **10/04/1991**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0287037** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is subject to intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # or P.O. Box
27 P.O. Box 1868
City & State
28 Boca Raton, Fl.
Zip 29 33429-1868 Country 30 Palm Beach

9. Name and Address of Current Registered Agent

**BARTLETT, PAULINE P**
**~~1 S OCEAN BLVD~~**
**~~SUITE 310~~**
**~~BOCA RATON FL 33432~~**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
17046-2 Boca Club Blvd.
83
84 City Boca Raton, Fl FL 85 Zip Code 33487

11. Pursuant to the provisions of Section 607.0505 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Pauline Bartlett, Ph.D. April 6, 96
(Required) (Date)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P | ☐ DELETE |
| NAME | BARTLETT, PAULINE P D. | |
| STREET ADDRESS | ~~1 S OCEAN BLD, STE 310~~ | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| 1 TITLE | | ☒ Change ☐ Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | 17046-2 Boca Club Blvd. | |
| 4 CITY-ST-ZIP | Boca Raton, Fl. 33487 | |
| 5 TITLE | | ☐ Change ☐ Addition |
| 6 NAME | | |
| 7 STREET ADDRESS | | |
| 8 CITY-ST-ZIP | | |
| 9 TITLE | | ☐ Change ☐ Addition |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | |
| 13 TITLE | | ☐ Change ☐ Addition |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | |
| 17 TITLE | | ☐ Change ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, and I understand that, for the purpose of Section 817.155, Florida Statutes, I further certify that the information indicated on this annual report or supplemental financial report is true and I am over the age of 18 and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Pauline Bartlett, Ph.D. April 6, 1996 407-394-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)